

Political Organization  
Notice of Section 527 Status

**Part I** General Information

**1 Name of organization**

Team Iowa PAC

**Employer identification number**

26 - 3221550

**2 Mailing address (P.O. box or number, street, and room or suite number)**

400 Locust Street Suite 330

**City or town, state, and ZIP code**

Des Moines, IA 50309

**3 Check applicable box:**

☒ Initial notice

☐ Amended notice

☐ Final notice

**4a Date established**

08/22/2008

**4b Date of material change**

**5 E-mail address of organization**

no@email

**6a Name of custodian of records**

Jill Latham

**6b Custodian's address**

400 Locust Street Suite 330  
Des Moines, IA 50309

**7a Name of contact person**

Jill Latham

**7b Contact person's address**

400 Locust Street Suite 330  
Des Moines, IA 50309

**8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**

400 Locust Street Suite 330

**City or town, state, and ZIP code**

Des Moines, IA 50309

**9a Election authority**

NONE

**9b Election authority identification number**

**Part II** Notification of Claim of Exemption From Filing Certain Forms (see instructions)

**10a** Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes ☒ No ☐

**10b** If 'Yes,' list the state where the organization files reports: IA

**11** Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes ☐ No ☒

**Part III** Purpose

**12 Describe the purpose of the organization**

To function as a political action committee and engage in all legal activity in the state of Iowa.

**Part IV List of All Related Entities** (see instructions)

13 Check if the organization has no related entities.....✓

14a Name of related entity	14b Relationship	14c Address
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**Part V List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

15a Name	15b Title	15c Address
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Jill Latham	Treasurer	400 Locust Street Suite 330 Des Moines, IA 50309
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Nick Ryan	Committee Chair	400 Locust Street Suite 330 Des Moines, IA 50309
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

Karen Blackistone

09/10/2008

**Sign  
Here**

Name of authorized official



Date